



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 10, 2026

Licensee

Vitality Living of Sebeka LLC

1005 Wells Avenue West

Sebeka, MN 56477

RE: Project Number(s) SL21152016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 12, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

- Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
- Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Jessie Chenze". The signature is written in a cursive, flowing style.

Jessie Chenze, Supervisor

State Evaluation Team

Email: Jessie.Chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2026
NAME OF PROVIDER OR SUPPLIER VITALITY LIVING OF SEBEKA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1005 WELLS AVENUE WEST SEBEKA, MN 56477		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL21152016-0 On August 10, 2026 through August 12, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 9 resident(s); 9 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 810	Continued From page 1 (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota	0 810			

Minnesota Department of Health

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0 810	Continued From page 2 Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: SEVEN (7) days.	0 810			
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.	01910			

Minnesota Department of Health

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01910	Continued From page 3 (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of one resident (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on August 10, 2026, at 11:15 a.m., director/clinical nurse specialist (D/CNS)-A, stated the licensee provided medication management to residents at the facility. The licensee's Discharged Resident/Client Roster Resident Roster dated June 1, 2026 to August 10, 2026 indicated R1 was admitted to the assisted living facility on May 1, 2026, and was discharged on June 30, 2026.	01910			

Minnesota Department of Health

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01910	Continued From page 4 R1 diagnoses include urinary tract infection. R1's Medication Administration Record dated April 14, 2026, indicated R1 received the following medications: -Aspirin (pain reliever) 10 milligram (mg) at bedtime -Atorvastatin (high cholesterol) 40 mg at bedtime -Claritin (allergy reducer) 10 mg daily -Iron (supplement) 325 mg take 1 tab by mouth Monday, Wednesday, and Friday -Lasix (fluid reducer) 20 mg daily -Levothyroxine (thyroid supplement) 50 micrograms (mcg) daily -Losartan (anti-high blood pressure) 25 mg daily -Magnesium Glycinate (supplement) 200 mg 2 tablet by mouth at bedtime -Metoprolol Succinate (anti- high blood pressure) 50 mg daily -Occuvite Adult 50+ (eye supplement) 1 capsule by mouth daily -One Daily Multivitamin (supplement) 1 tablet by mouth twice daily -Prilosec (heartburn reducer) 20 mg daily -Vitamin B12 (supplement) daily -Acetaminophen (pain reliever) 500 mg take 1-2 tablets every 6 hours as needed R1's discharge summary dated July 10, 2026, indicated R1 was discharged to a different assisted living facility (ALF), and all medications were sent with R1's daughter to transfer to ALF. R1's record lacked documentation for the disposition of the above noted medications to include the medications, prescription number as applicable, and signatures of the releasing party or the receiving party. On August 10, 2026, at 1:32 p.m., D/CNS-A,	01910			

Minnesota Department of Health

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01910	Continued From page 5 stated the licensee used the Residex (electronic medical record system) assessment named Medication Disposition-Resident Form when releasing medications which included all required content for medication disposition, however, CNS-B stated the licensee did not document the prescription numbers, and releasing and receiving party's signatures. CNS-B further stated they were unaware of the requirement to include prescription number and required signatures. The licensee's Disposition or Disposal of Medication policy dated November 29, 2024, indicated upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			



Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls, MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

VITALITY LIVING OF SEBEKA LLC
1005 Wells Ave West
Sebeka, MN 56477
Wadena County
Parcel:

Phone:

License Info

License: HFID 21152

Risk:
License:
Expires on:
CFPM: Maddie Staricha
CFPM #: ; Exp:

Inspection Info

Report Number: F1065261104
Inspection Type: Full - Single
Date: 8/11/2026 Time: 10:30:14 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 2-100 Supervision

2-102.12DMN Priority Level: Priority 3 CFP#: 2

MN Rule 4626.0033D Post the certified food protection manager certificate.

COMMENT: MADDIE STARICHA HAS TAKEN THE CFPM COURSE BUT STILL NEEDS TO OBTAIN THEIR STATE CERTIFICATE. INFORMATION ON HOW TO DO THIS WILL BE SENT TO STAFF.

Comply By: 8/11/2026 Originally Issued On: 8/11/2026

New Order: 2-500 Cleanup of Vomiting and Diarrheal Events

2-501.11 Priority Level: Priority 2 CFP#: 5

MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment.

The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.

COMMENT: DISCUSSED THE NEED FOR A FECAL/VOMIT CLEAN UP PROCEDURE WITH STAFF. AN EXAMPLE WILL BE SENT TO THE FACILITY.

Comply By: 8/11/2026 Originally Issued On: 8/11/2026

Food & Beverage General Comment

1. The Certified Food Manager should be routinely conducting self-inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up-to-date employee illness log.
3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Fergus Falls District Office inspection report number F1065261104 from 8/11/2026

Monique Erickson

Establishment Representative

Monique Erickson,
Public Health Sanitarian 2
218-332-5146
monique.erickson@state.mn.us



Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls, MN 56537

Temperature Observations/Recordings

Page: 1

Establishment Info

VITALITY LIVING OF SEBEKA LLC
Sebeka
County/Group: Wadena County

Inspection Info

Report Number: F1065261104
Inspection Type: Full
Date: 8/11/2026
Time: 10:30:14 AM

Equipment Temperature: **Product/Item/Unit:** kitchen upright; **Temperature Process:** Ambient Air

Location: Upright Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** dining room upright; **Temperature Process:** Ambient Air

Location: Upright Cooler at 37 Degrees F.

Comment:

Violation Issued?: No



Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls, MN 56537

Sanitizer Observations/Recordings

Page: 1

Establishment Info

VITALITY LIVING OF SEBEKA LLC
Sebeka
County/Group: Wadena County

Inspection Info

Report Number: F1065261104
Inspection Type: Full
Date: 8/11/2026
Time: 10:30:14 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 164.8 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Spray Bottle

Location: Kitchen **Equal To** 200 PPM

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL21152016	Date: 8/11/2026
Facility Name: Vitality Living of Sebeka	
Facility Address: 1005 Wells Ave. West Sebeka, MN 56477	

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

Comments: This fire safety and evacuation plan indicated that staff should be familiar with fire safety information and evacuation techniques, but did not include complete site-specific procedures. The plan referenced fire safety systems, such as doors with magnetic door holders, that were not present inside the facility.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific resident actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. It did not include specific actions that residents should take in a fire or similar emergency.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]

Comments: The plan included instructions to evacuate residents but did not include the identification of any residents that needed assistance nor any resident-specific procedures to staff for assisting those residents during evacuation.